

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ALAMEDA  
OFFICE OF THE COURT INVESTIGATOR  
1221 Oak Street, Suite 260  
OAKLAND, CA 94612  
PHONE : (510) 636-8820 FAX: (510) 451-2269

**PROBATE GUARDIANSHIP QUESTIONNAIRE**

**IMPORTANT INFORMATION REGARDING YOUR FILING - PLEASE READ**

**Everyone requesting a guardianship must do the following:**

- ❖ In ALL cases whether the proposed guardian is a relative or not a relative of the child:

Complete the **Proposed Guardian's Questionnaire** and file it at the same time you file the Petition for Appointment of Guardian.  
This is to be filed as a **Confidential** document.

- ❖ In ALL cases:

Send the completed **Proposed Guardian's Questionnaire** and a copy of the **Petition for Appointment of Guardian of Minor** to:

Child Protective Services, K-230  
P.O. BOX 1769  
Oakland, CA 94604-1769

- ❖ If the proposed guardian is **NOT related** to the child:

Mail a copy of the **Petition for Appointment of Guardian of Minor** and **Notice of Hearing** to:

Director of Social Services  
744 P Street, M.S. 19-31  
Sacramento, CA 95814



**If these forms are not filed at least 60 days prior to your hearing, you must appear in court on your hearing date to request a continuance (rescheduling of your court hearing).**

## PROPOSED GUARDIAN'S QUESTIONNAIRE INSTRUCTIONS

### Please read these instructions carefully

1. All proposed guardians are required to complete this questionnaire.

- File this questionnaire at the same time that you file your petition
- Send a copy to Child Protective Services, K-230, P.O. Box 1769, Oakland, CA 94604-1769

The information you provide will be used to prepare the report to the judge on your suitability as a guardian. This questionnaire is also available on the court's website at:

<http://www.alameda.courts.ca.gov/courts/forms/guardianpacket.pdf>

2. If there will be more than one guardian, **each guardian** must complete a **separate copy** of the questionnaire.
3. Answer all questions honestly.
4. Sign page 5 and the last page.
5. If you are asking to be appointed as the **Guardian of the Estate** only, the court investigator will interview you by telephone.
6. If you are asking to be appointed as the **Guardian of the Person** (or Person *and* Estate), the court investigator will conduct a home visit. **Everyone who lives in the home must be present during the home visit.** After this questionnaire is received, the court investigator will contact you to schedule the home visit.
7. The **Court Investigation fee is \$800.** The fee may be waived under certain circumstances based on financial inability to pay. To obtain this waiver, you must file an Application for Waiver of Court Fees and Costs through the Clerk's Office. In some cases, you may make arrangements for monthly payments through Alameda County Central Collections.
8. Please keep in mind that **all questions must be answered.** If you need assistance in filling out this questionnaire, please contact the Court's Self-Help Center at (510) 272-1393.

#### **Terms:**

Proposed Guardian - the person who wants to become the legal guardian

Proposed Ward or Ward - the child for which you are asking to become the legal guardian

Petitioner - the person who signed the petition asking the court to appoint a legal guardian

COURT INVESTIGATOR’S OFFICE  
1221 Oak Street, Suite 260  
OAKLAND, CA 94612

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ALAMEDA

CONFIDENTIAL PROPOSED GUARDIANSHIP  
QUESTIONNAIRE AND SCREENING

In the Guardianship of:	)	PROBATE CASE NO:_____
	)	
	)	HEARING DATE:_____
	)	
	)	(Hearing date should be at least 60 days
	)	from date of filing)
	)	
	)	
_____Minor(s)	)	

THIS IS A CONFIDENTIAL QUESTIONNAIRE

IN ORDER TO PREVENT ANY DELAY IN YOUR HEARING, YOU MUST COMPLETE THIS QUESTIONNAIRE IN ITS ENTIRETY AND FILE IT AT THE SAME TIME THAT YOU FILE YOUR PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR

COURT CLERK: File as a confidential document

**CONFIDENTIAL GUARDIANSHIP SCREENING (PROBATE CODE SECTION 1516)**

**A SCREENING OF PREVIOUS CONTACTS WITH CHILD PROTECTIVE SERVICES**

GUARDIANSHIP OF: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

1. **A COPY OF EACH CHILD'S BIRTH CERTIFICATE MUST BE ATTACHED TO THIS FORM.**

2. **LIST THE NAME AND DATE OF BIRTH OF EACH CHILD NEEDING A GUARDIAN:**

Check here if additional children are listed on an attached separate piece of paper.

1. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

2. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

3. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

4. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

3. Does the family have Native American/American Indian ancestry or heritage?    YES    NO

4. **LIST THE PROPOSED GUARDIAN(S): THIS INFORMATION IS REQUIRED**

NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD
------	---------------	-----------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

5. ARE YOU RELATED TO THE CHILD'S:    MOTHER    FATHER    BY:    BLOOD    MARRIAGE

6. HAVE YOU EVER BEEN ARRESTED, CHARGED WITH, OR CONVICTED OF ANY CRIME  
(REGARDLESS OF THE OUTCOME)?    YES    NO

**NOTE: THE COURT INVESTIGATOR WILL CONDUCT A CRIMINAL BACKGROUND CHECK.**

7. **WARD'S PARENTS:**

NAME	ADDRESS	DATE OF BIRTH
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1. Mother: \_\_\_\_\_

2. Father: \_\_\_\_\_

8. **OTHER PEOPLE LIVING IN YOUR HOME, AGE 18 AND OVER:**

NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE    DEPARTMENT OF SOCIAL SERVICES USE ONLY**

\*\*\*\*\*

[   ] NO INFORMATION AVAILABLE      [   ] INFORMATION AVAILABLE

Screening by Worker #: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**AGREEMENT TO RELEASE AND SHARE RECORDS**

By my signature below, I agree that I, \_\_\_\_\_,  
(PRINT NAME OF ALL PROPOSED GUARDIANS)  
am the proposed guardian in this matter. I consent to the release of any and all records about me  
in the possession of Child Protective Services, and to the delivery of those records to the Court  
Investigator and the Court for use in determining my suitability as guardian. I also consent to the  
Court Investigator and the Court sharing all records with all counsel in the guardianship case.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature(s) of all Proposed Guardian(s) required**

**CONFIDENTIAL PROPOSED GUARDIAN'S QUESTIONNAIRE** (Probate Code 1513(a)(1))

***YOU MUST ANSWER ALL QUESTIONS. Write "N/A" if a question does not apply to you.***

GUARDIANSHIP OF: \_\_\_\_\_ CASE NO. : \_\_\_\_\_

Will you or anyone else in the home require an interpreter?    YES    NO    Language : \_\_\_\_\_

**SECTION I**

**PROPOSED GUARDIAN'S INFORMATION** (This information is about the person who wants to be guardian. Complete a separate questionnaire for each proposed guardian):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell : \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Are you currently:       Married       Widowed       Single       Separated       Divorced

If currently married or separated, what is your spouse's name? \_\_\_\_\_

List **your** children, **even if** they are adults and not living with you. Provide their date of birth, address, and whether they have ever been arrested or charged with a crime.

NAME	DATE OF BIRTH	ADDRESS	ARRESTED?
			YES    NO
			YES    NO
			YES    NO
			YES    NO

More children listed on separate sheet.

**YOUR HEALTH CONDITION:** List any current physical or mental health problems.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being treated by a doctor or other health care practitioner?    YES    NO

If yes, list the condition for which you are being treated \_\_\_\_\_

List any medications you are currently taking and state what they are for \_\_\_\_\_

Have you ever been in counseling?    YES    NO

If yes, what was the reason?    Drugs    Alcohol    Grief    Domestic Violence    Other \_\_\_\_\_

Explain: \_\_\_\_\_

**EDUCATIONAL HISTORY:**

Last school attended: \_\_\_\_\_

**Where & When:**

Highest Degree(s) earned: \_\_\_\_\_ Where & When: \_\_\_\_\_

Other courses taken: \_\_\_\_\_

**MILITARY HISTORY:**

Branch of Service: \_\_\_\_\_ Date Enlisted: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Type of Discharge:      Honorable      General      Good of Service      Dishonorable

**EMPLOYMENT:**

Are you employed?      YES      NO

Name of Employer \_\_\_\_\_ Address: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities/duties: \_\_\_\_\_

Are you retired or have you been at your current employment for less than five years?      YES      NO

If yes, please list your work history for the past five years:

Name of Employer      Employed From      To

Name of Employer      Employed From      To

Name of Employer      Employed From      To

**PROPOSED GUARDIAN'S FINANCIAL INFORMATION:**

Income:		Amount	Expenses:		Amount
Monthly take-home pay		\$	Rent/Mortgage		\$
Other monthly income:			Credit Card/other monthly payments		\$
Welfare		\$	Food		\$
SSI		\$	Clothing		\$
Unemployment		\$	Medical		\$
Spousal/Child Support		\$	Transportation		\$
Other		\$	Childcare:		\$
Total Monthly Income: \$			Total Monthly Expenses: \$		

Does anyone else contribute money to the household?      YES      NO

If yes, who? \_\_\_\_\_ How much? \$ \_\_\_\_\_ How often? \_\_\_\_\_

Does anyone else contribute money to support the child(ren) needing the guardianship? YES NO

If yes, who? \_\_\_\_\_ How much? \$ \_\_\_\_\_ How often? \_\_\_\_\_

Your Financial Resources:

Checking Accounts Balance \$ \_\_\_\_\_

Savings Accounts Balance \$ \_\_\_\_\_

Other Investments Value \$ \_\_\_\_\_

Are you financially able to support the child(ren)? YES NO

If your expenses are greater than your income, how will you make up the difference?

Have you applied for, or are you already receiving, benefits for this child ?

YES NO

Welfare Amount \$ \_\_\_\_\_

Social Security Amount \$ \_\_\_\_\_

Medi-Cal Amount \$ \_\_\_\_\_

Child Support Amount \$ \_\_\_\_\_

Is someone else, such as a parent, receiving the above benefits for the child(ren)?

YES NO UNKNOWN

Who: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### **REFERENCES:**

Please list **three references** who have known you **at least five years and who are NOT relatives**. Give complete name, complete address, including zip codes and daytime phone numbers. Please notify them that we will be contacting them by letter or telephone.

PRINT NAME	STREET ADDRESS, CITY, ZIP CODE	DAYTIME TELEPHONE
1.		
2.		
3.		

If you cannot provide 3 non-relative references, please explain: \_\_\_\_\_

Please tell us anything else about you that relates to your ability to be a guardian:

## **SECTION II**

### **DESCRIBE YOUR HOME:**

Single family home Apartment No. of bedrooms \_\_\_\_\_ No. of bathrooms \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Will ward have own room YES NO If shared, with whom? Name: \_\_\_\_\_ Age: \_\_\_\_\_



Do you have any guns or other weapons stored on the property?    YES    NO

If yes, what type of weapon? \_\_\_\_\_ Where and how are they stored? \_\_\_\_\_

Is there a swimming pool or hot tub?    YES    NO    Is it fenced?    YES    NO

Pets in the home: \_\_\_\_\_

**OTHER CHILDREN IN THE HOME (under 18 years of age):**

Name	Date of Birth	School Attending	Relation to guardian

**OTHER ADULTS IN THE HOME (18 and over):**

Name	Date of Birth	Social Security #	Employer/ School	Relation to guardian

Does any adult in the home have any problem/s that could affect the minor such as a history of child abuse/molest, criminal background, violent behavior, alcohol or drug problem?

YES    NO

Explain \_\_\_\_\_

Have the police ever been to your home?    YES    NO

If yes, when and why? \_\_\_\_\_

Does anyone object to the guardianship?    YES    NO If yes, who? \_\_\_\_\_

**SECTION III**

**INFORMATION ABOUT THE CHILD(REN) NEEDING GUARDIANSHIP:**

Name	Sex	Date of Birth	Place of Birth	Social Security #

More listed on separate sheet

1. Has the child been involved with the Juvenile Court?    YES    NO    DON'T KNOW

2. Does the child have a Social Worker?    YES    NO    DON'T KNOW

If, yes, who is the Social Worker? \_\_\_\_\_ Telephone \_\_\_\_\_

3. Is there a custody or visitation order for the child(ren)?    YES    NO    DON'T KNOW

Date of the order: \_\_\_\_\_ Case Number: \_\_\_\_\_

Where did the proceeding take place? (County) \_\_\_\_\_ (State) \_\_\_\_\_

4. Why do you need the guardianship? \_\_\_\_\_

\_\_\_\_\_

5. How did the child(ren) come to you? \_\_\_\_\_

6. Has the child(ren) been subjected to abuse, neglect, or abandonment?

YES NO DON'T KNOW

If yes, explain: \_\_\_\_\_

7. Please describe the child's adjustment to your home \_\_\_\_\_

8. Does the child have siblings (brothers and sisters)? YES NO

Please provide names and ages of the siblings and the person with whom they live:

NAME OF SIBLING	AGE	WITH WHOM THEY LIVE

9. Does the child visit his/her brothers and/or sisters? YES NO How often? \_\_\_\_\_

10. Is there any specific religious or cultural heritage, such as Native American ancestry, that would affect the child's future plans? YES NO Explain: \_\_\_\_\_

11. Does the family have Native American ancestry or receive any medical or other services/benefits from a tribe? YES NO UNKNOWN

If yes, please explain: \_\_\_\_\_

Name of Tribe: \_\_\_\_\_

**SCHOOL AND/OR DAY CARE:**

(Please contact the child/ren's school or daycare and tell them that we will be contacting them. Please attach a copy of the child's most recent report card to this questionnaire).

Name \_\_\_\_\_ Director or Principal

Address \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Grade level \_\_\_\_\_ If Daycare, is it licensed? \_\_\_\_\_

How is the child doing in school? (Attach copy of recent report card) \_\_\_\_\_

\_\_\_\_\_

Does the child have any problems with teachers or other children in school? If so, please explain.

\_\_\_\_\_

What school and non-school activities does the child participate in (sports, scouting, dance, Little League, martial arts, music, etc.)? \_\_\_\_\_

Does the child have any special educational needs? YES NO

Describe \_\_\_\_\_

Is the child receiving Special Education/Resource Services? YES NO

Describe \_\_\_\_\_

Is the child receiving services through the Regional Center? YES NO

Case Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

If the child has special needs, how do you plan to address these needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL/HEALTH CARE:**

(Please attach a copy of the child's immunization record).

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Medical Number: \_\_\_\_\_

Date of last medical appointment: \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Date of last dental appointment: \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Are all required immunizations current? YES NO

Does the child have any medical problems, physical or developmental disabilities, etc.?

YES NO

If yes, what is your plan to meet these needs? \_\_\_\_\_

\_\_\_\_\_

Does the child take any prescribed medications? YES NO

If yes, what? \_\_\_\_\_

Does the child have any behavioral, emotional or psychological problems? YES NO

Describe \_\_\_\_\_

Has the child ever been hospitalized? YES NO Why, When? \_\_\_\_\_

Has the child seen a counselor in the past? YES NO Why, When? \_\_\_\_\_

\_\_\_\_\_

Is the child seeing a counselor now? YES NO If yes, how often? \_\_\_\_\_

Name of counselor: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECTION IV

### **INFORMATION ABOUT THE NATURAL PARENTS OF PROPOSED WARD(S):**

(The Court Investigator may need to contact the parents. Please provide the most current information available).

Are the parents      Married      Separated      Divorced      Living together

**Mother's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If deceased, date of death: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed at: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Is mother paying child support?      YES      NO      DON'T KNOW      Amount \$ \_\_\_\_\_

Does the child see mother?      YES      NO      Explain: \_\_\_\_\_

Does the mother agree to the guardianship?      YES      NO      DON'T KNOW

Does the mother have Native American Ancestry?      YES      NO      DON'T KNOW

**Father's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If deceased, date of death: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employed at: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Is father paying child support?      YES      NO      DON'T KNOW      Amount \$ \_\_\_\_\_

Does the child see father?      YES      NO      Explain: \_\_\_\_\_

Does the father agree to the guardianship?      YES      NO      DON'T KNOW

Does the father have Native American Ancestry?      YES      NO      DON'T KNOW

To your knowledge, are the natural parents:

Involved in drugs?      YES      NO      DON'T KNOW      Which parent? \_\_\_\_\_

In jail or prison?      YES      NO      DON'T KNOW

Which parent ? \_\_\_\_\_ Where? \_\_\_\_\_

In the military?      YES      NO      DON'T KNOW

Which parent? \_\_\_\_\_ Where? \_\_\_\_\_

## SECTION V

### GUARDIANSHIP OF THE ESTATE ONLY

(Complete this section if you want to be Guardian of the Estate. If not, skip this section and continue to the next page).

Where is the money or property coming from that the child will be receiving?:

**Inheritance** - Attach a copy of the will *or* provide -

Name of the deceased person: \_\_\_\_\_ Date of death: \_\_\_\_\_ Probate Case No. \_\_\_\_\_ Estate administered in (County) \_\_\_\_\_ (State) \_\_\_\_\_

Child will inherit:

Real estate - Address \_\_\_\_\_ Value of minor's share \$ \_\_\_\_\_

Cash, \$ \_\_\_\_\_ Location \_\_\_\_\_

Stock/Bonds \$ \_\_\_\_\_ Location \_\_\_\_\_

Other, describe \_\_\_\_\_

**Insurance benefit**, Insured: \_\_\_\_\_ Relation to child \_\_\_\_\_ Value \$ \_\_\_\_\_

**Gift** from (Name) \_\_\_\_\_ (relation) \_\_\_\_\_ Type of asset (cash, real property, etc.) \_\_\_\_\_ Value \$ \_\_\_\_\_

**Personal Injury Settlement** –  
Case No. \_\_\_\_\_, in (County) \_\_\_\_\_, (State) \_\_\_\_\_ where the case was settled. Value \$ \_\_\_\_\_

**Other source**, describe \_\_\_\_\_ Value \$ \_\_\_\_\_

What are your plans for managing the estate? (Place money in a blocked bank account? investments? rental of real property? etc.) \_\_\_\_\_

Does the minor **already** have money in an individual or joint account?

YES NO DON'T KNOW

Location: \_\_\_\_\_, balance: \$ \_\_\_\_\_

name on individual and/or joint accounts: \_\_\_\_\_

Does the minor **already** have any other investments or property?

YES NO DON'T KNOW

What \_\_\_\_\_ Value \$ \_\_\_\_\_

Do you expect to request to use the minor's estate for any purpose (taxes, tax preparation, bond premiums, court costs/fees and other expenses)? YES NO If yes, what expenses will you request the court to approve? \_\_\_\_\_

**Please provide the name, address and phone number of one person who will always know how to get in contact with you.**

\_\_\_\_\_  
(Name) (Address) (Telephone)

Name of person who helped you complete this form \_\_\_\_\_

Address \_\_\_\_\_

Bar No. \_\_\_\_\_ Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

### **VERIFICATION**

**I/We the undersigned declare under the penalty of perjury that the foregoing is true and correct.**

Executed in \_\_\_\_\_ California on \_\_\_\_\_.  
City Date

Signatures \_\_\_\_\_  
\_\_\_\_\_